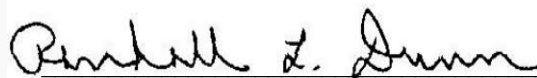


IT IS ORDERED that the Application below is approved.



RANDALL L. DUNN
U.S. Bankruptcy Judge

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re:

SEAPORT AIRLINES, INC.

Debtor(s)

Plaintiff(s)

v.

Defendant(s)

) Case No: **16-30406-rld11**

) First Amended

) APPLICATION FOR SPECIAL

) ADMISSION *PRO HAC VICE*,

) **AND ORDER THEREON**

) Adv. Proc. No. (if applicable): _____

The undersigned, attorney for the following named party(s): San Diego County Regional Airport Authority
_____, moves for admission of the following attorney *pro hac vice*:

(a) APPLICANT ATTORNEY INFORMATION

(1) Personal Data:

(A) Attorney's Name: **Franklin C. Adams**

(B) Firm or Business Affiliation: **Best Best & Krieger LLP**

(C) Mailing Address: **P.O. Box 1028, Riverside, California 92502-1028.**

(D) Business Telephone Number: **(951) 686-1450**

(E) Fax Telephone Number: **(951) 686-3083**

(F) E-Mail Address: **Franklin.Adams@bbklaw.com**

- (2) **Bar Admissions Information:** I certify that I am now a member in good standing of the following State and/or Federal Bar Association:

(A) State Bar Admissions, Standing, Admissions Date and BAR ID Number:

California State Bar Admission on 5-21-79, California State Bar No. 85381

(B) Federal Bar Admissions, Standing, Admissions Date and BAR ID Number:

Federal Bar Admission to Central District of California on 12-13-79, California State Bar No. 85351

- (3) **Certification of Disciplinary Proceedings:**

☒ I certify that I am not now, nor have I ever been subject to any disciplinary action by any State or Federal bar association or administrative agency.

☐ I certify that I am now, or have been subject to disciplinary action from a State or Federal bar association or administrative agency (see attached letter of explanation).

- (4) **Certification of Professional Liability Insurance:** I certify that I have a current professional liability insurance policy that will apply in this case, and that the policy will remain in effect during the course of these proceedings.

(b) **CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:** I certify that:

- (1) I am a member in good standing of the Bar of this court, and that I will serve as designated local counsel in this particular case.

- (2) I have verified the information supplied by the applicant in pt. (a)(2).

- (3) **Local Counsel's Personal Data:**

(A) Name and Oregon State Bar ID Number: **Nicholas J. Henderson, 074027**

(B) Firm or Business Affiliation: **Motschenbacher & Blattner LLP**

(C) Mailing Address: **117 SW Taylor St., Suite 300, Portland, OR 97204**

(D) Business Telephone Number: **(503) 417-0508**

(E) Fax Telephone Number: **(503) 417-0528**

(F) E-Mail Address: **nhenderson@portlaw.com**

- (4) **Meaningful Participation Requirements:** I certify that I have discussed the participation requirements of LR 83-3 with my associate counsel.

(c) **SIGNATURES OF COUNSEL**

/s/ Nicholas J. Henderson

Local Counsel

NAME: **Nicholas J. Henderson, 074027**

ADDRESS: **117 SW Taylor St., Suite 300
Portland, OR 97204**

PHONE: **(503) 417-0508**

/s/ Franklin C. Adams

Special Admissions Applicant

NAME: **Franklin C. Adams**

ADDRESS: **3390 University Ave., 5th Floor
Riverside, CA 92501**

PHONE: **(951) 686-1450**